FEB 26 700 PROCESSOR

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Ruben et al.

Docket No.: PF526N

Application No.: 09/848,271

Group Art Unit: 1646

Filed: May 4, 2001

Examiner: E. B. O'Hara

For: Human Tumor Necrosis Factor TR18 and

Methods Based Thereon

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicants hereby petition for a three month extension of time to and including March 20, 2004 to respond to the Office Action mailed October 20, 2003.

Please charge our Deposit Account No. 08-3425 in the amount of \$950.00 covering the fee set forth in 37 CFR 1.17(a)(3). The Commissioner is also authorized to charge any additional required fee or credit any overpayment in connection with this submission to our Deposit Account. In the event that a further petition for an extension of time is required to be submitted at this time, Applicants hereby petition for an extension of time for as many months as are required to ensure that the above-identified application does not become abandoned.

Dated: February 26, 2004

Respectfully submitted,

Michele Shannon

Registration No.: 47,075

HUMAN GENOME SCIENCES, INC.

14200 Shady Grove Road Rockville, Maryland 20850 (240) 314-4400 ext. 2372

03/01/2004 WASFAW1 00000119 083425 0984827

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PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032/
ademark Office: U.S. DEPARTMENT OF COMMERCE

order the Paperwork Reduction Act of 1995, no persons are requi	red to n	espond t	o a colle	ection o	f information	unless it displays a valid OMB cor	trol number	
FEE TO A NICHAITTAL	Com				Compl	plete if Known /		
FEE TRANSMITTAL		Application Number			er (09/848,271-Conf. #7683		
for FY 2004			Filing Date			May 4, 2001		
		First Named Inventor			ntor S	Steven M. Ruben		
Effective 10/01/2003, Patent fees are subject to annual revision.		Exam	iner Na	ame	E	E. B. O'Hara		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit				1646		
TOTAL AMOUNT OF PAYMENT (\$) 950.00		Attorn	ey Doo	ket No	o. [PF526N		
METHOD OF PAYMENT (check all that apply)				FEE	CALCUL	ATION (continued)		
Check Credit Money Order Other None X Deposit Account:	3. ADDITIONAL FEES							
Deposit	_	Entity						
Account Number 08-3425	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Paid		
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	Surcharge -	late filing fee or oath		
Name The Director is authorized to: (check all that apply)	1052	50	2052	52 25 Surcharge – late provisional f		late provisional filing fee or cover		
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130		specification		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812		-	quest for ex parte reexamination	\vdash	
A charge any additional ree(s) or any underpayment of ree(s)	1804	920*	1804	920*	_	publication of SIR prior to		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805		Examiner ac Requesting	ction publication of SIR after		
	l			-	Examiner ac	ction		
FEE CALCULATION 1. BASIC FILING FEE	1251 1252	110 420	2251 2252	55 210		or reply within first month or reply within second month		
Large Entity Small Entity	1253	950	2253	475		or reply within third month	950.00	
Fee Fee Fee Fee <u>Fee Description</u> Fee Paid	1254	1,480	2254	740		or reply within fourth month	330.00	
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255	2,010	2255			or reply within fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Ap	• •		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	•			
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Filing a brief in support of an appeal Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451			stitute a public use proceeding		
,	1452	110	2452	55		evive – unavoidable		
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665		evive - unintentional	\vdash	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665		fee (or reissue)	\vdash	
Extra Fee from	1502	480	2502	240	Design issue			
Total Claims -** =					•		\vdash	
Independent I	1503	640	2503	320	Plant issue f			
Claims -** = x =	1460	130	1460	130		the Commissioner		
Multiple Dependent =	1807	50	1807	50	Processing t	fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	Submission	of Information Disclosure Stmt		
Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40		ach patent assignment per nes number of properties)		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385		mission after final rejection		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each ad	ditional invention to be		
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385		37CFR 1.129(b)) Continued Examination (RCE)		
over original patent	1802	900	1802	900	Request for	expedited examination		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other	fee (spe	ŀ		of a design a	аррисатоп		
SUBTOTAL (2) (\$) 0.00		iced by I	• •	ling Fee	Paid	SUBTOTAL (3) (\$)	950.00	
**or number previously paid, if greater; For Reissues, see above			_ 30.0 1 1	g . oc				

SUBMITTED BY		(Complete	(Complete (if applicable))		
Name (Print/Type)	Michele Shannon	Registration No. (Attorney/Agent)	47,075	leiennone	(240) 314-4400 ext. 2372
Signature Wichele Shamon				Date	February 26, 2004